



Report: Use of Paramedics in Correctional Institutions

January 12, 2010

Introduction

Senate File 475 requires that the Department of Corrections (DOC) "study the use of paramedics at correctional institutions, and file a report with the chairpersons and ranking members of the joint appropriations subcommittee on the justice system and the legislative services agency, detailing the study by January 15, 2010."

Process

A group convened on 12/22/2009 to discuss the issue. Members present were the DOC Health Administrator, the DOC Nursing Administrator, Assistant to the President of AFSCME Council 61 and the DOC Deputy Director of Administration. The group identified the study should address the following factors:

- feasibility
- cost savings
- whether paramedics would improve efficiency of health care operations

Key Facts

- The Iowa Board of Nursing, Ch. 6 requires a registered nurse on site at correctional facilities.
- A paramedic can only function under the direction of a Medical Director.
- 8 out of the 9 institutions do not carry the emergency equipment necessary for the paramedic to perform their assessments.
- Local paramedics in Johnson County are averaging \$16.50 per hour.
- A Licensed Practical Nurse (LPN) starts with the DOC at \$18.50/hr.

Discussion & Consensus

We recognize Iowa's rules and regulations for Paramedics are guided by the National EMS Scope of Practice Model, 2007 edition. A paramedic's primary focus is to provide advanced emergency medical care. They can assess and stabilize patients in an emergent situation and then turn over to a higher authority such as a Registered Nurse or a medical provider. The DOC's primary focus is preventative care and treating the chronic health care needs of our population. 40% of our total population has been identified with a major health diagnosis that requires ongoing chronic care. The DOC health care is more focused on daily assessments, nursing care plans, medication administration and monitoring of our chronic diseases. The DOC does not have enough bonafide medical emergencies to justify staffing of a paramedic on all shifts.

- We need to maintain current nursing staff levels, and the use of paramedics would be additional positions (for reasons discussed above).
- We would not replace existing medical/nursing positions with paramedics (for reasons discussed above).

- We can only speculate the interest in use of paramedics was fostered due to an actual or anticipated shortage of registered nurses in the state. However, with the opening of the new medical units at IMCC, we had no difficulty hiring LPNs and Nursing Unit Coordinators (the same as certified Nurses Aides).

Conclusions

1. Is it feasible?

Not for most institutions. Paramedics could be used at a larger facility such as Iowa Medical and Classification Center but would not be of much value at the other 8 facilities. Paramedics would be able to assist in assessment of patients during acute and emergent cases under the supervision of a Medical Director.

2. Is it a cost savings?

No, it would increase costs. As discussed in the previous section, we would not replace any of the registered nurse positions at any of the facilities so these would all be new positions added (FTEs). FTEs would need to be classified as Executive Officers or some equivalent ones separate from nursing. With the budget issues we have today, we will not be adding additional positions. The two dollar per hour difference between a paramedic and an LPN would be the only cost savings. It is felt the LPN would be able to do more of the type of health care we provide than would the paramedic, specifically monitoring of care plans under the direction of registered nurses. Whereas for paramedics a protocol would have to be written for scenarios that are approved by the Medical Director. Paramedics can then report to registered nurses for following in care plans.

3. Would paramedics improve the efficiency of health care operations?

No. Although it would be great to have the additional help, the type of health care the DOC provides is provided more efficiently by a Registered Nurse or Licensed Practical Nurse who can make every day assessments and develop nursing plans of care for our chronically ill offenders. We do not have enough bonafide medical emergencies to warrant the need for Advanced Emergency Care. Most of our facilities are not equipped with the proper equipment that a trained paramedic would be expecting to have available to make their assessments. Developing an emergent team that could respond to Team Blue would add to the cost of staffing in all shifts. Assessment for acute care can be done by paramedics but after stabilization the patients would be turned over to a registered nurse for chronic care plans.

Lastly, we are aware there has been mention of existing correctional officers who are trained EMT/Paramedics out in the community that could serve dual roles while working in the DOC. There is concern for a conflict of interest between security and medical and confidentiality of medical information. Dual role would also create concerns on the therapeutic role a paramedic versus a disciplinary one. This would be against the correctional standards developed by National Commission on Correctional Standards and American Correctional Academy.